

STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE STATE FIRE MARSHAL'S OFFICE CODES ENFORCEMENT SECTION

Davy Crockett Tower, Third Floor 500 James Robertson Parkway Nashville, Tennessee 37243-1162 Phone (615) 741-7190 FAX: 741-1583

TENNESSEE MODULAR BUILDING UNIT CERTIFICATION LABELS LOST LABEL REPORT INSTRUCTIONS

All Tennessee Modular Building Unit Manufacturers and Third Party Construction Inspection Agencies (CIA) must use this form to report lost Tennessee Modular Building Unit Certification Label(s).

Third Party Construction Inspection Agency (CIA) or Tennessee Modular Building Unit Manufacturer or Losing Party

The Third Party Construction Inspection Agency (CIA), Tennessee Modular Building Unit Manufacturer or Losing Party must complete the top section of this form.

Third Party Construction Inspection Agency (CIA) or Tennessee Modular Building Unit Manufacturer or

The Third Party Construction Inspection Agency (CIA) or The Tennessee Modular Building Unit Manufacturer will complete Section "I" of the form. Complete all questions in their entirety. Additional sheets and reports may be attached.

Tennessee Modular Building Unit Manufacturer or Losing Party

The Tennessee Modular Building Unit Manufacturer or Losing Party will complete Section "II" of the form. Complete all questions in their entirety. Additional sheets and reports may be attached.

IN-1162 Sheet 1 of 5

The Third Party Construction Inspection Agency (CIA) will complete Section "III" of the form. Make detailed statement setting forth your analysis of the factual circumstances surrounding loss. Give specific reasons for recommendation. Additional sheets and reports may be attached. Forward form to the Department for processing.

Tennessee Modular Building Unit Manufacturer

The Tennessee Modular Building Unit Manufacturer will complete Section "IV" of the form only when a modular building unit(s) and/or component(s) are sold for salvage.

Under no conditions will a Tennessee Modular Building Unit Certification Label(s) remain attached to a unit sold for salvage. Return the label(s) with this form to the Department.

If a Tennessee Modular Building Unit(s) is sold to a salvage company with its original Tennessee Modular Building Unit Certification Label(s) affixed, the responsibilities of that unit(s) and/or component(s) and the label(s) remain with the original manufacturer.

Important !! Please Read and Follow!!

All items on the form <u>MUST</u> be completed prior to mailing application. If an item does not apply, simply put <u>N/A</u> or <u>None</u> in that space. Any blank spaces will result in a delay in processing.

This form **MUST** be processed as prescribed above. Any deviation from the process **WILL** result in a delay in processing.

If you have any questions regarding this procedure, feel free to call this office at (615) 741-7190 or E-mail at mike.bartlett@state.us.tn.



IN-1162 Sheet 2 of 5

STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE STATE FIRE MARSHAL'S OFFICE CODES ENFORCEMENT SECTION

Davy Crockett Tower, Third Floor 500 James Robertson Parkway Nashville, Tennessee 37243-1162 Phone (615) 741-7190 FAX: 741-1583

CIA / MANUFACTURER/LOSING PARTY – LOST LABEL REPORT

(Must be completed and returned within five (5) days of discovery of loss)

CIA or Mfg.:	CIA Code:		Date:	
Address:		Phone	e: ()
E-Mail Address:		FAX:	()
Authorized Representative (Title): (For Sections I and II) Name:				
***********	*******	*****	*****	*****
SECTION I : SHOWN BE (To be completed by Manufactu				_
Quantity Label(s)	·			• •
New Label No. Affixed to Unit:				_
Date Loss Discovered:				_
Label No(s).	through and inclu	ıding		
Name and Address of INDIVIDUAL w discovered:	ho last had possess	sion of I	abel(s)	when loss was
Name:				
Address:				
Phone: ()				
Name and Address of INDIVIDUAL wh	no discovered loss:			
Name:				
Address: SECTION I : SHOWN BELO (To be completed by Manufactu				
Phone: ()	FAX: ()_			

IN-1162 Sheet 3 of 5

E-Mail A	ddress:	
Police C	Contacted:	
□ Yes	By Whom?	Date:
	Results: (Documents included):	
□ No	Why?	
Private I	Investigator Utilized:	
	Results: (Documents included):	
*****	*************	***********
	SECTION II: EXPLANATION (To be completed by Manufacturer and	
	(One or more signed separate reports may be	pe required and attached)
	ral (Losing Party): Detailed written explanation what efforts were made towards recovery.	on, discuss the events that led to

SECTION II: EXPLANATION OF LOSS (cont.) (To be completed by Manufacturer and/or Losing Party)

IN-1162 Sheet 4 of 5

Manufacturer: Must provide similar statemed label(s).	ent if not individual who actually lost the
*****************	******************
SECTION III : CONSTRUCTION INSPECTI (To be completed by Construc	ON AGENCY (CIA) RECOMMENDATIONS ction Inspection Agency (CIA))
Make detailed statement setting forth your a surrounding loss. Give specific reasons for r lost label(s) is requested. Submit complete p	ecommendation. If free replacement of a
NO NEW REPLACEMENT LABEL(S	
*************	***************
SECTION IV : IF MODULAR BUILD (To be completed b	ING UNIT IS SOLD FOR SALVAGE y the Manufacturer)
Under no conditions will a Tennessee Modula unit sold for salvage.	ar Certification Label(s) remain attached to
Name of Salvage Company:	
Owner:	Phone: ()
E-Mail Address:	FAX: ()
Address:	
(If a unit(s) is sold to a salvage company wit responsibilities of that unit(s) and the label(s	
***************	*****************
Copy and complete form. Submit original for the Construction Inspection Agency (CIA), a	· · · · · · · · · · · · · · · · · · ·

IN-1162 Sheet 5 of 5